

REMARKS

Claims 1-9 and 11-20 have been amended to correct formality errors and to more clearly define the invention.

The claims have been amended to more clearly define that the claimed system processes a “particular section of a patient” medical record and generates a URL link and a data collection page for use in updating and accessing a. “particular section of a patient” medical record. Support for this and the other amendments and added claims is found in the existing claims and in the Application description on page 9 lines 13-15 (“As the server application collates individual sections of a patient record for communication to processing device 10, it also creates individual URL links to corresponding record sections for use in a patient record content index”), Figure 11 and other places.

I. Rejection under 35 U.S.C. 102(b)

Claims 1-6 and 17 are rejected under 35 U.S.C. 102(b) as being anticipated by U.S. Patent 6,032,155 – De la Huerga. These claims, as amended, are deemed to be patentable for the reasons given below.

Amended claim 1 recites a method for “use by a portable processing device for accessing information in a patient record incorporating a plurality of different sections” involving “receiving user entered information identifying at least one patient record to be acquired and a particular section of a patient record to be acquired; generating a URL link for accessing a patient record repository, said generated URL link including an address of said repository and containing fields incorporating said information identifying said particular section of said patient record and said patient record; communicating said generated URL link to an application used for accessing said repository; and receiving said identified particular patient record section in response to said communication”. These features are not shown (or suggested) in De la Huerga.

The method of amended claim 1 accesses information in a patient record incorporating “a plurality of different sections” involving “receiving user entered information identifying “a particular section of a patient record to be acquired”. The method includes “generating a URL link for accessing a patient record repository, said generated URL link...containing fields incorporating said

information identifying **said particular section** of said patient record”. These features address the deficiencies of available portable data access systems. Specifically, “available portable systems for processing patient record information are limited in their capabilities for securely accessing, transferring and updating patient record information and in their capabilities for creating and navigating image menus supporting the location and access of desired patient record data by a user.” (Application page 2 lines 3-7). By using the claimed system, a user is able to specifically access a desired portion of a patient record without having to download and navigate through an entire record which is often large (particularly for a patient with extensive medical history) and cumbersome and a substantial burden for a portable device in view of storage, power and processing constraints (see Application page 9 lines 6-8). This is of substantial advantage in using a portable device in a hospital or other healthcare environment.

In contrast, the purpose of De la Huerga system “is to provide a device and system for placing unit doses of medication into a portable container labeled with textual and electronic information” (de la Huerga column lines 35-37). The De la Huerga system does not show (or suggest) accessing “information in a patient record incorporating “a **plurality of different sections**” by “generating a URL link for accessing a patient record repository, said generated URL link...containing **fields** incorporating said information identifying **said particular section** of said patient record”. The URLs shown in De la Huerga Figures 25 and 27 (and relied in the Rejection) are generated by “device 10” Specifically, “device 10 may also format and transmit the address where memory contents 500 is to be stored. This may be in the form of universal resource locator (URL) 734 as shown in FIG. 27” (de la Huerga column 16 line 65 to column 17 line 1).

However, nowhere does De la Huerga show or suggest or provide an enabling teaching of, partitioning a patient record into “a **plurality of different sections**” and “generating a URL link...containing **fields** incorporating” information identifying a “**particular section** of said patient record”. In De la Huerga, the URL of Figures 25 and 27 comprise an “address where memory contents 500 is to be stored” (de la Huerga column 16 line 65 to column 17 line 1). In De la Huerga “memory contents 500” accessed in the De la Huerga system via the address conveyed in the URL of Figures 25 and 27 may comprise a variety of items (see Figure 17) including “selected prescribed medication dose information 540...dispensed medication information 580, medication information 581 and medication report components 600. Memory contents 500 can further include specific

patient information 621 received from a patient identification device 300...offered medication amount information 643 regarding the amount of medication offered to a specific patient 360, and consumed medication amount information 644 regarding the actual amount of medication consumed by the specific patient 360... additional elements or fewer than shown in FIG. 17” (de la Huerga column 8 lines 14-55 and Figure 17). However, “memory contents 500” of De la Huerga do not comprise a partitioned patient record having “a **plurality of different sections**” that are individually identifiable using a generated “URL link...containing **fields** incorporating” information identifying a “**particular section** of said patient record”.

Further, De la Huerga teaches “information device 10 may also format and transmit the address where memory contents 500 is to be stored. This may be in the form of universal resource locator (URL) 734 as shown in FIG. 27. In this case, workstation 350 **need only send medication report 730** to the address indicated by universal resource locator 734 **without interacting** with workstation 350, thus keeping workstation 350 completely independent of needing to know how to handle medication report 730” (de la Huerga column 16 line 65 to column 17 line 7). Thus De la Huerga teaches that a medication report (e.g., patient record data) is advantageously sent as a **whole** without a workstation responding to a URL and “**completely independent of needing to know how to handle**” a “**medication report**”. This is fundamentally different and in direct contrast to the claimed system in which a “URL link...containing **fields** incorporating” information identifying a “particular section of said patient record” is processed to obtain a particular section of a medical report identified by the URL which is processed (i.e. extracted from the report) and communicated in response to the URL. The claimed system allows a user to dynamically select a particular section of a patient record desired and that **particular** section of the medical report is processed and downloaded to a portable device. Consequently the claimed system involves interacting with a medical report to identify and process particular report sections in direct contrast to the De la Huerga teaching. Further, the claimed system involves “communicating said generated URL link to an application used for accessing said repository; and receiving said identified **particular patient record section** in response to said communication”. These features are not shown or suggested by De la Huerga. Consequently, withdrawal of the rejection of amended claim 1 under 35 USC 102(b) is respectfully requested.

Amended dependent claim 2 is considered to be patentable based on its dependence on claim 1. Claim 2 is also considered to be patentable because De la Huerga does not show (or suggest) “said particular section of said patient record is associated with a particular type of patient medical data and said receiving activity

also includes, receiving information identifying a desired format for said patient record to be acquired". As previously explained De la Huerga does not show or suggest use of a partitioned patient record having "a **plurality of different sections**" that are individually identifiable using a generated "URL link...containing **fields** incorporating" information identifying a "particular section of said patient record". De la Huerga further does not suggest acquiring of a "particular section of said patient record" associated "with a particular type of patient medical data and... receiving information identifying a desired format for said patient record to be acquired". As previously explained, De la Huerga teaches the advantage of communicating a patient record as a whole to an "address indicated by universal resource locator 734 **without interacting**" with a "workstation" (de la Huerga column 16 line 65 to column 17 line 7). In contrast the claimed system requires such interaction as a "**particular patient record section**" is identified and communicated using a particular URL data field.

Amended dependent claim 3 is considered to be patentable based on its dependence on claim 1. Claim 3 is also considered to be patentable because De la Huerga does not show (or suggest) the feature combination of claim 1 together with including receiving "configuration information" determining "at least one of, (a) a URL of a patient record repository, (b) a proxy server address, (c) user logon information, (d) lists of patients to be accessed, (e) content type of a patient record and (f) format of a patient record". De la Huerga does not suggest such a combination

Amended dependent claim 4 is considered to be patentable based on its dependence on claim 1. Claim 4 is also considered to be patentable because De la Huerga does not show (or suggest) "generating a notification indication for display to a user indicating said identified particular patient record section has been received". As previously explained, De la Huerga teaches the advantage of communicating a patient record as a whole and does not contemplate or suggest communicating a "**particular patient record section**".

Amended dependent claim 5 is considered to be patentable based on its dependence on claim 1. Claim 5 is also considered to be patentable because De la Huerga does not show (or suggest) "said received particular patient **record section** comprises HTML web page representative information". As previously explained, De la Huerga teaches the advantage of communicating a patient record as a whole to and does not contemplate or suggest communicating a "particular patient record section" in a specific data format.

Amended independent claim 6 is considered to be patentable for reasons given in connection with claim 1. Claim 6 is also considered to be patentable because De la Huerga does not show (or suggest) “receiving URL link data fields containing information identifying a patient record and a particular section of said patient record; **deriving** said information identifying a patient record and a **particular section** of said patient record information from said URL link data fields; searching said patient record repository to locate said identified particular patient record section; communicating said located particular patient record section to a portable processing device”. De la Huerga teaches the advantage of communicating a patient record as a whole to an “address indicated by universal resource locator 734 **without interacting**” with a “workstation” (de la Huerga column 16 line 65 to column 17 line 7). Consequently, De la Huerga does NOT suggest “**searching** said patient record repository to locate said identified particular patient record section” in response to “URL link data fields” which requires workstation interaction.

Amended independent claim 17 is considered to be patentable for reasons given in connection with claim 1. Claim 17 is also considered to be patentable because De la Huerga does not show (or suggest) “receiving URL data fields incorporating updated patient record information and patient record section identification information; deriving said patient record section identification information and said updated patient record information from said URL link data fields; and storing said updated patient record information in a record section identified by said patient record section identification information”. De la Huerga teaches the advantage of communicating a patient record as a whole to an “address indicated by universal resource locator 734 **without interacting**” with a “workstation” (de la Huerga column 16 line 65 to column 17 line 7). Consequently, De la Huerga does NOT suggest “deriving said patient record section identification information and said updated patient record information from said URL link data fields; and storing said **updated** patient record information in a **record section** identified by said patient record section identification information” which necessitates workstation interaction. Consequently withdrawal of the rejection of claims 1-6 and 17 under 35 USC 102(b) is respectfully requested.

II. Rejection under 35 U.S.C. 103(a)

Claims 7-16 and 18-20 are rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent 6,032,155 – De la Huerga in view of U.S. Patent

5,857,967 – Frid et al.. These claims, as amended, are considered patentable for reasons given in connection with claim 1 and for the following reasons.

Amended claim 7 recites a method for “use by a portable processing device for providing updated patient record information to a patient record information repository” involving “initiating display of a data collection page for a patient; storing updated patient record information acquired by user data entry via said data collection page; generating a URL link including an address of said repository and containing fields incorporating said updated patient record information and information identifying a patient record section; and communicating said updated patient record information to said information repository at said address in response to user selection of a displayed menu icon”. These features are not shown or suggested in De la Huerga in combination with Frid.

The system of amended claim 7 involves “initiating display of a data collection page for a patient; storing updated patient record information acquired by user data entry via said data collection page; generating a URL link including an address of said repository and containing fields incorporating said updated patient record information and information identifying a patient record section”. Neither De la Huerga nor Frid, individually or together, suggest such features. Neither Frid nor De la Huerga suggest or contemplate generation of a “data collection” image page for presentation to a user and update of a particular “patient record section” with “updated patient record information” acquired by “data entry via said data collection page”. Neither Frid nor De la Huerga show or suggest “initiating display of a data collection page for a patient” at all. The web page of Figure 2 of Frid relied on in the Rejection (Rejection page 5 third paragraph) is NOT a data **collection** page. Specifically in Frid, “FIG. 2 illustrates a web page rendered by the web browser 40 for the example HTML file shown above. The web page for the example blood analyzer device 10 includes a page title 70, a header section 72, a table section 76 containing the medical information obtained from the blood analyzer device 10, and a table header 74. The **medical information shown** including Patient I.D. of 123456, Glucose of 12, and Time-Stamp of Dec. 10, 1996 12:37 was generated in the blood analyzer device 10 and packaged into the HTML file shown above by the web server 14” (Frid column 5 lines 24-37). Consequently, the web page of Figure 2 of Frid shows medical data “**generated**” in a “**blood analyzer device**” and NOT a “data collection” image page supporting user “data entry via said **data collection page**”.

Neither De la Huerga nor Frid address the deficiencies of “portable systems” particularly their limited “capabilities for securely accessing, transferring and updating patient record information” and “the location and access of desired patient record data by a user” (Application page 2 lines 3-7). Further, neither reference provides any other motivation or reason for incorporating the claimed features. On the contrary, De la Huerga teaches that a medication report (e.g., patient record data) is advantageously sent as a **whole** without a workstation responding to a URL and “completely independent of needing to know how to handle” a “medication report” (de la Huerga column 16 line 65 to column 17 line 7). This is **fundamentally different** and in direct contrast to the claimed method involving generation of a “data collection” image page for presentation to a user and update of a particular “**patient record section**” with “updated patient record information” acquired by “data entry via said **data collection page**” in response to “a URL link including an address...identifying a patient record section”. In addition, the incorporation of the features of Frid into the De la Huerga system, as suggested by the Rejection, results in a system for communicating an entire medical report, containing information acquired from a device to a patient repository. This combined system of Frid with De la Huerga still contains limited “capabilities for securely accessing, transferring and updating patient record information” that the claimed method addresses. Consequently withdrawal of the Rejection of amended claim 7 under 35 USC 103(a) is respectfully requested.

Amended dependent claims 8-16 are considered to be patentable based on their dependence on claim 7 and any intervening claims for reasons given in connection with claims 1-7. They are also deemed to be patentable because of the additional feature combinations that they incorporate.

Amended independent claim 18 is considered to be patentable for reasons given in connection with claim 7. Claim 18 is also considered to be patentable because De la Huerga with Frid does not show or suggest “storing updated patient record information including additions and deletions to said previously recorded data acquired by user data entry via said data collection page”. As previously explained De la Huerga with Frid fails to suggest generation of a “data collection” image page for presentation to a user and update of a particular “**patient record section**” with “updated patient record information” including “**additions and deletions**” acquired by “data entry via said data collection page”.

Amended dependent claims 19 and 20 are considered to be patentable based on their dependence on claim 18 and because of the additional feature combinations that they incorporate. Consequently withdrawal of the Rejection of amended claim 8-16 and 18-20 under 35 USC 103(a) is respectfully requested

In view of the above amendments and remarks, Applicants submit that the Application is in condition for allowance, and favorable reconsideration is requested.

Respectfully submitted,



Alexander J. Burke

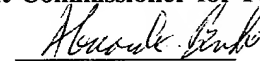
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26 February 2004
Date